MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-000058
STATE FILE NUMBER

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 5

FILED JAN 31 1962

1. PLACE OF DEATH
a. COUNTY Atchison Co
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Atchison
c. CITY OR TOWN Rock-Port Mo
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Leslie Middle Edgar Last Linville

4. DATE OF DEATH Month Jan Day 19 Year 1962

5. SEX M

6. COLOR OR RACE W

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH aug 6-1879

9. AGE (Last Birthday) 82

IF UNDER 1 YEAR Months 3 Days 18
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Skidmore Mo

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Henry Cole Linville

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Ruth Linville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic No

17. INFORMANT Address Ruth Linville – Rock-Port Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 2 days / years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/60, to 1/14/62 and last saw her him alive on 1/18/62
Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John M. Wovanmaker M.D.

22b. ADDRESS Rock Port, Mo.

22c. DATE SIGNED 1/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan 22-1962

23c. NAME OF CEMETERY OR CREMATORY Memorial Park cemetery

23d. LOCATION (City, town, or county) St. Joseph (State) Mo

24. FUNERAL DIRECTOR ADDRESS Bertram Funeral Home – Rock-Port Mo

25. DATE RECD. BY LOCAL REG. Jan 24 1962

26. REGISTRAR'S SIGNATURE Theresa A. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed C E Bertram

Licensed Embalmer No. 1764

P. O. Address Rock Port Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.